JUL 0 2 2091ease type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/721,091	
Filing Date	November 22, 2000	
First Named Inventor	Vincent Quintana	
Title	Apparatus and Method	
Group Art Unit	2613	
Examiner Name	(unknown)	
Attorney Docket Number	10001-29675	

			•
l hereby appoint:			7
	Customer Number		}
OR Proctitioner(e)	amed halows	1 1 2 3 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1]
Practitioner(s) n		PATENT TRADEMARK OFFICE	
	Name	Registration Number	
			i
	1		
	or agent(s) to prosecute the application id States Patent and Trademark Office con		
	respondence address for the above-ident aned Customer Number.	tified application to:	
OR	mod oddiomer ramber.	Place Customer	
Practitioners at Cu	ustomer Number		,
OR		Label here	
Firm or			
Individual Name Address			
Address			
City		State Zip	
Country		State Zip	
Telephone	 	Fax	
I am the:	·	1 4 1	
Applicant/Inven	tor		
- Applicationiven	ioi.		
. Assignee of rec	ord of the entire interest. See 37 CFR 3.	.71.	
Statement unde	or 37 CFR 3.73(b) is enclosed. (Form PT	TO/SB/96)	
	SIGNATURE of Applicant or Assign	nee of Record	
Name W.	Vincent Quintana		
110	11- 1/1		
Signature 47	Dellest Julian		
Date	ro wy o I		
NOTE: Signatures of all the inve- forms if more than one signature	intors or assignees of record of the entire interest is required, see below*.	or their representative(s) are required. Submit	multiple
	nome are submitted		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 6051-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent And Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent And Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent And Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent And Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent And Tradema

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/721,091
Filing Date	November 22, 2000
First Named Inventor	Vincent Quintana
Title	Apparatus and Method
Group Art Unit	2613
Examiner Name	(unknown)
Attorney Docket Number	10001-29675

I hereby appoint:		
OR	at Customer Number	PHILIPPING Code Late 2.56/4
Practitioner(s)	named below:	PATENT_TRADEMARK OFFICE
	Name	Registration Number
		
	or agent(s) to prosecute the application id d States Patent and Trademark Office con	
	orrespondence address for the above-ident	
	tioned Customer Number.	
OR		Place Customer
Practitioners at to OR	Customer Number	Number Bar Code Label here
Firm or		
Individual Name	·	
Address		
Address		
City Country		State Zip
Telephone		Fax
I am the:		- A
XX Applicant/Inve	entor.	
	ecord of the entire interest. See 37 CFR 3.	
Statement un	der 37 CFR 3.73(b) is enclosed. (Form PT	
	SIGNATURE of Applicant or Assign	nee of Record
Name	Michael E. Pinkham	
Signature 1/	Wedner F. Pinch	
	06/06/7001	
NOTE: Signatures of all the in	ventors or assignees of record of the entire interest	t or their representative(s) are required. Submit multiple
forms if more than one signate Total of 6		
w logiol o	forms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please tope a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

O9/721.091

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/721,091
Filing Date	November 22, 2000
First Named Inventor	Vincent Quintana
Title	Apparatus and Method
Group Art Unit	2613
Examiner Name	(unknown)
Attorney Docket Number	10001-29675

I hereby appoint:		, Talandayanin kabanan
r nereby appoint:		
	Customer Number	Number Bar Code
OR Practitioner(s) na	amed below:	LAGO 5-7-4 PATENT TRADEMARK OFFICE
Fractitioner(s) 11a	Name	Registration Number
	Name	Registration Number
as my/our attorney(s) o	r agent(s) to prosecute the application ide States Patent and Trademark Office cont	entified above, and to transact all
	espondence address for the above-identi	
The above-mention		med application to.
OR		Place Customer
Practitioners at Cu	stomer Number	Number Bar Code Label here
OR Firm or	· · · · · · · · · · · · · · · · · · ·	
Individual Name		
Address		
Address		
City		State Zip
Country		
Telephone		Fax
l am the:		
Applicant/Invent	or.	
	ord of the entire interest. See 37 CFR 3.7	
Statement under	r 37 CFR 3.73(b) is enclosed. (Form PT	O/SB/96).
	SIGNATURE of Applicant or Assigne	e of Record
Name J.	Scott Houston	
Signature 1	(hosts)	
Date 310	AS101	
NOTE: Signatures of all the inver forms if more than one signature	rfors or assignees of record of the entire interest of its required, see below.	or their representative(s) are required. Submit multiple
	ms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please tope a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/721,091	
Filing Date	November 22, 2000	
First Named Inventor	Vincent Quintana	
Title	Apparatus and Method	
Group Art Unit	2613	
Examiner Name	(unknown)	
Attorney Docket Number	10001-29675	

XX Pra		Customer Numbe	er			mber Bar Code	
		Name			Registration I	Number	
			<u></u>				
							İ
					· · · · · · · · · · · · · · · · · · ·		
			secute the application d Trademark Office co			to transact all	ļ
			ress for the above-ide				
		ned Customer Nu			application to:		
OR					l l	Customer er Bar Code	
Practi	tioners at Cus	stomer Number			Label		
Firm o							
	ual Name						
Address							
Address City				State	T	Zip	
Country				Clare	<u> </u>		
Telephone				Fax			
I am the:							
XX App	plicant/Invente	or.					
^	ianaa af saas		nterest See 27 CER	2 74			!
			interest. See 37 CFR) <i>is enclosed. (Form F</i>		/96).		
		SIGNATURE	of Applicant or Assig	nee of	Record		
N			1				
Name	Mark	A Norton	1				
Signature		no UM	74			 	
Date	6/6						
NOTE: Signature forms if more than	s of all the inven n one signature i	tors or assignees of s required, see below	frecord of the entire intere	st or thei	r representative(s)	are required. Subm	it multiple
☑ *Total of		ms are submitted.					

Please type a plus sign (+) inside this box Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
ander the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/721,091	
Filing Date	November 22, 2000	
First Named Inventor	Vincent Quintana	
Title	Apparatus and Method	
Group Art Unit	2613	
Examiner Name	(unknown)	
Attorney Docket Number	10001-29675	

I hereby appoint:	LATERO DERIN CARRO CARRO CARRO CARRO CARRO
XX Practitioners at Customer Number	Number Bar Code
OR Practitioner(s) named below:	PATENT TRADEMARK OFFICE
Name	Registration Number
as my/our attorney(s) or agent(s) to prosecute the application ide	entified above, and to transact all
business in the United States Patent and Trademark Office conn	
Please change the correspondence address for the above-identif	fied application to:
OR	Place Customer
Practitioners at Customer Number	Number Bar Code Label here
OR	
Firm or Individual Name	
Address	
Address	
	State Zip
Country	· · · · · · · · · · · · · · · · · · ·
	Fax
I am the: XX Applicant/Inventor.	
Applicationiventor.	
Assignee of record of the entire interest. See 37 CFR 3.7	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTC	O/SB/96).
SIGNATURE of Applicant or Assigne	e of Record
Name Joseph/J. Patruska	-
Signature July July July July July July July July	
Date 6-4-01	
NOTE: Signatures of all the inventors or assignees of record of the entire interest of	or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below*.	

ype a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/721,091	
Filing Date	November 22, 2000	
First Named Inventor	Vincent Quintana	
Title	Apparatus and Method	
Group Art Unit	2613	
Examiner Name	(unknown)	
Attorney Docket Number	10001-29675	

I hereby appoint:				
Practitioners at 0	Customer Number		Number Bar Code Later nate	
Practitioner(s) na	amed below:		PATENT_TRADEMARK OFFICE	-
	Name	Red	istration Number	
	-			
<u>. –</u>		-		1
				1
<u> </u>				l
	r agent(s) to prosecute the application in States Patent and Trademark Office con			
XX The above-mention	espondence address for the above-ideni ned Customer Number	ппеа аррпса	ation to:	j
OR			Place Customer	
Practitioners at Cu	stomer Number		Number Bar Code Label here	
OR 5				
Firm or Individual Name				
Address				
Address		·····		
City		State	Zip	
Country				
Telephone	<u> </u>	Fax	· · · · · · · · · · · · · · · · · · ·	
I am the:				
XX Applicant/Invent	or.			
	ord of the entire interest. See 37 CFR 3.			
Statement unde	r 37 CFR 3.73(b) is enclosed. (Form P1	O/SB/96).		
	SIGNATURE of Applicant or Assign	ee of Recor	d	
Name F. Ch	ristopher Mitchell			
	JANANA A			
Signature	CHECK!		<u></u>	
	$573\phi/\phi/$	or their reces	postativo(s) are required. Submit	multiple
forms if more than one signature		or their repres	seniauva(s) are required. Submit	. mulupie
☑ *Total of 6 for	rms are submitted.			